

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT <b>14-MAR-2012</b>		TIME <b>20:35:00</b>		2. ADDRESS OF OCCURRENCE <b>5155 W LAKE ST CHICAGO, IL 60644</b>				3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1532</b>									
		5. POSITION <b>9161</b>		6. LAST NAME <b>PETRENKO</b>		7. FIRST NAME <b>THOMAS E</b>		8. STAR NO. <b>13458</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>602</b>		12. HT <b>178</b>					
SUBJECT INFORMATION		14. DATE OF APPT. <b>19-JUN-2000</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>015 1556</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
		20. LAST NAME <b>CARTER</b>		21. FIRST NAME <b>LEEON</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT <b>601</b>		27. WT. <b>186</b>					
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>COOK COUNTY HOSPITAL - STROGER HOS</b>		34. BY WHOM? <b>E/R STAFF</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
		36. CHARGES PLACED <b>[REDACTED]</b>		37. CS NO. <b>12345678</b>		IR NO. <b>[REDACTED]</b>		DNA <input type="checkbox"/> DNA													
WEAPON DISCHARGE INCIDENT		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
				DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <b>[REDACTED]</b>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER <b>[REDACTED]</b>		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <b>[REDACTED]</b>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER APPARENT HANDGUN <b>[REDACTED]</b>									
CASE INFO.		MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER <b>[REDACTED]</b>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <b>[REDACTED]</b>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER <b>[REDACTED]</b>									
				* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>[REDACTED]</b>		40. ADDITIONAL INFORMATION <b>[REDACTED]</b>															
SIGNATURES		39. DNA <input type="checkbox"/> DNA		POSITION <b>[REDACTED]</b>		STAR NO. <b>[REDACTED]</b>		UNIT <b>[REDACTED]</b>		41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <b>[REDACTED]</b>		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>					
		45. MAKE/MANUFACTURER <b>BERETTA-US-(BANTAM)BRIGADIER 951(EMPIRE,FUMA)</b>		46. MODEL <b>92D</b>		47. BARREL LENGTH <b>4.00</b>		48. CALIBER/GAUGE <b>9 MM</b>													
SIGNATURES		49. TASER PART ID NO. <b>[REDACTED]</b>		50. WEAPON SERIAL NO. (Include Letters) <b>BER060806</b>		51. CHICAGO GUN REG. NO. <b>626065</b>		52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>		54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>5</b>	
		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED <b>[REDACTED]</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
SIGNATURES		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>KEYLAR VEST</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) RUNNING		70. EVENT NO. <b>1207418736</b>		71. R.D. NO. <b>HV197819</b>									
		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.															
SIGNATURES		73. REPORTING MEMBER (Print Name) <b>PETRENKO, THOMAS E</b>		STAR/EMPLOYEE NO. <b>13458</b>		SIGNATURE <b>[REDACTED]</b>		74. REVIEWING SUPERVISOR (Print Name) <b>ROMAN JR, WILFREDO</b>		STAR NO. <b>2594</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>15-MAR-2012 07:50:32</b>		TIME <b>15-MAR-2012 07:50:32</b>					
		75. REVIEWING SUPERVISOR (Print Name) <b>ROMAN JR, WILFREDO</b>		STAR NO. <b>2594</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>15-MAR-2012 07:50:32</b>		TIME <b>15-MAR-2012 07:50:32</b>											

LOG # 1052578

Attachment # 118

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer's actions were in compliance with our policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ESCALANTE, JOHN J

SIGNATURE

DATE COMPLETED

TIME

15-MAR-2012 08:00:16

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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